

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000002755

1. Entity Name
HEALTHTRUST, L.L.C.



Principal Place of Business
1605 MAIN STREET
SUITE 610
SARASOTA, FL 34236

Mailing Address

1605 MAIN STREET
SUITE 610
SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #
6801 Energy court

3. Mailing Address
6801 Energy court

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34240

Country
U.S

Zip
34240

Country
U.S

02012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
02-0668151

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEMBRI, JENIFER S
240 S. PINEAPPLE AVE.
10TH FLOOR
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLUSH, ALAN C 3500 SUNBEAM DRIVE SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Alan C. Plush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/25/08 941 363 7501

Date

Daytime Phone #